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A SIMPLE APPARATUS FOR OBTAINING BLOOD SPECIMENS.

By John W. Hart, Regional Consultant, Division of Venereal Diseases, United States Public Health Service.

Several methods of securing specimens of blood for laboratory examination have been used with more or less success since the universal adoption of the Wasserman and other serological reactions in the diagnosis of disease. Most of these methods have been evolved to meet special requirements, and they vary from the simple insertion of a needle into the vein and the draining of blood into a test tube, to several complicated methods devised to meet special conditions. One of the most widely known of the methods is that of Kiedel, in which a vacuum tube is used. The following method is based on the vacuum principle, but is simpler and more economical than the Kiedel tube.

The apparatus is composed of the following parts: An all-glass (or, preferably, metal) stopcock about $\frac{1}{2}$ inch in length; an all-metal syringe, 15 cc. capacity, such as those used for irrigations in ear, nose, and throat work; 3 short pieces of rubber tubing, about 1 inch in length, $\frac{3}{16}$-inch bore; a 16-gauge luer needle; and several test tubes of the desired capacity, drawn out at the open end to a diameter of about $\frac{1}{4}$ of an inch (Fig. 1A).

For use it is assembled as follows: The stopcock is connected with the drawn-out end of the test tube by means of one of the short sections of rubber tubing. The second section of tubing is connected with the outlet of the metal syringe, and the third section of tubing is connected with the butt end of the luer needle. The apparatus is now ready for use. The outlet of the stopcock is connected with the outlet of the syringe, and a vacuum is secured by pulling out on the plunger and then closing the stopcock (Fig. 1B). The needle is then attached to the stopcock outlet and the apparatus is ready for drawing the specimen (Fig. 1C). After the insertion of the needle the stopcock is opened and the blood is drawn into the tube by the vacuum. The tube can then be sealed in the flame as is done with the Kiedel tube.

The advantages claimed for this method are important and are as follows:

1. The cost is less than that of the Kiedel tube. While the initial cost may be more, the subsequent cost is only that of the containers for the specimen.

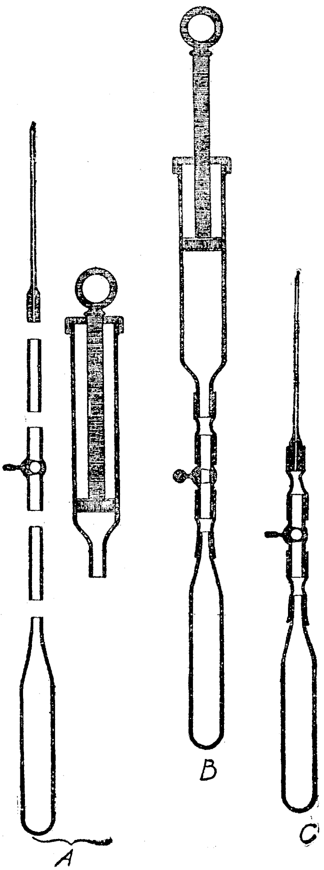

Fig. 1.

2. If after inserting the needle in the arm and opening the stopcock it is found that the vein has not been tapped, the needle can be left in place and the stopcock and tube removed while a new vacuum is secured. Under the same circumstances with the Kiedel apparatus the tube is worthless, and failure to reach the vein, which is generally discovered after the tube is broken, means an extra expense together with an added discomfort to the patient caused by the withdrawal and reinsertion of the needle.

3. Any amount of blood can be taken at one time; the amount is limited only by the size of the container.

4. There is a certainty of securing a specimen at the first puncture, no matter how small the vein—a feature to be considered when dealing with the hypersensitive patient and those persons in whom the vein can not be punctured by ordinary methods.

5. Last, but not least, the needle can be held firmly in place while the stopcock is opened, overcoming the great objection to the Kiedel tube that the needle may be moved through the wall of the vein while breaking the glass, and the danger of withdrawing the needle from the vein when pulling on the plunger while using the luer syringe method.

The method here described is in use in several of the clinics of the South, and from all reports it is proving not only entirely satisfactory, but is found to be cheaper than the Kiedel tube.

The apparatus is easily cleaned and practically no attention is required to keep it in perfect condition; and in the larger clinics it is only necessary to have a number of stopcocks and needles.

CHILD HEALTH SUPERVISION.

Owing to the growth of interest manifested in child-welfare activities by State and local departments of health, as evidenced by the establishment of divisions of child hygiene in an increasing number of those departments, it is not inappropriate at this time to invite attention to maternity and infant welfare schemes that are being considered or adopted in other countries. The following extracts are taken from *The Medical Officer* of January 10, 1920.

Nursing Scheme.

In an attempt to coordinate the activities of the volunteer nursing associations with those of the legally constituted health authorities, the following maternity and infant welfare nursing scheme has been adopted for the county of Pembrokeshire, South Wales:

1. A central committee to be formed of 12 members, 6 of whom shall be appointed by the county council and 6 by the South Wales Nursing Association.